

**U.S. Embassy Khartoum  
Health and Medical  
Information Handbook  
2008**



This Booklet describes the US Embassy's Health Care Program. It offers medical information on selected topics, describes ways to avoid illness, and outlines how and where to go to get help when needed

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### **Important Telephone Numbers**

Normal Embassy work week is Sunday thru Thursday from 8:00 a.m. – 4:30 p.m.

**(00249)** is the country code for Sudan

#### ***How to make an internal phone call:***

From cell phone -to-cell phone: dial 09 and the other 5 digits

From cell phone-to- constant phone. Dial as follows:

For Khartoum area: 0183 + the other 6 digits

For Omdurman area: 0187 + the other 6 digits

For Bahri area: 0185 + the other 6 digits

***Department of State Operation Center*** +1-202-647-1512

***Embassy Operator*** +249-183-774700/ 774704

#### ***Regional Medical Officer:***

Dr.Behzad Shahbazian (c) +249 9 12339271 (w) +249 187-016118

#### ***Medical Unit Secretary:***

Maria Elmanan Mohd. (c) +249 9 11293901 (w) +249 187-016143

(For appointments and any further information related to the Medical Unit)

#### ***Medical Unit Nurse:***

Fiona Hamid (c) +249-912-305030 (h) +249-155283605

***Post Medical Advisor:*** Dr. Asma Elsony: (c) +249-912-167862

### ***Hospitals:***

#### ***1. Sahiroon Specialized Hospital, Burri:***

**Tel:** +249-183-279610/ 83-279611

**Cell:** Dr. Eltayeb +249 912969621 (for emergency assistance)

#### ***2. Doctor's Clinic, Tel: +249 183-498008 / 83-464419***

Africa Road

**Tel:** Dr. Mahir +249 912379045 (for emergency assistance)

#### ***3. Fedail Medical Center:***

Hospital Street

**Tel:** 83-766661

**What to do in an Emergency:**

Do not bring seriously ill/injured patients to the Medical Unit unless directed to do so.

Do not wait for an ambulance if transportation is available and you are able to move the patient. Call one of the Medical Unit staff who will advise you which hospital to go to and make your way there quickly. The Medical Unit staff will meet you at the Hospital. If for some reason you cannot contact the Medical Unit Staff, call Post One and inform them what's going on.

When you have arrived at the hospital and the patient is being treated:

Notify the Medical Unit Staff Embassy as soon as possible and have the following information available and stay on line:

- Caller's name
- Name of injured/ill person(s)
- Location and telephone number
- Type of injury/illness
- Conscious or unconscious
- Breathing, bleeding, pain
- Follow directions given by Medical Unit Staff

## DEPARTMENT OF STATE MEDICAL PROGRAM

Office of Medical Services Mission:

*The Mission of the State Department's Office of Medical Services Department is to safeguard and promote the Health and well-being of America's global diplomatic community.*

The Department of State's medical program provides preventive health care and assists in obtaining medical care at the post of assignment. Care providers in medical units (or in some circumstances administrative officers) will oversee health issues, assist in the selection of a physician or medical facility, and help interpret the regulations (3 F AM 680 series) on which the medical program is based. Employees and their eligible family members are encouraged to establish contact with a health professional early in their tour and have a plan of action for emergencies, including locating the nearest and best medical facility.

### **Health Unit Eligibility**

The Department's medical program was established to provide access to health care for US Government (USG) direct-hire employees of participating agencies and their eligible family members assigned overseas, who have a valid medical clearance. Health care personnel cannot provide services to unofficial patients. The USG requires reimbursement for providing health unit services provided to patients not covered by the Department of State's medical program.

### **Medical Evacuation**

Medevacs are authorized and coordinated at post by the RMO/RN. Medevacs are recommended when adequate medical or dental evaluation and treatment is not available at post and cannot be delayed until R&R or home leave without reasonable expectation of worsening of the situation. All American US Government employees and authorized dependents covered under the State Department's medical program who hold a valid medical clearance are eligible for medevac to the nearest suitable medical/dental facility. The usual medevac destination for American Embassy Khartoum is London. Depending on what is required, you may be sent to Pretoria or Nairobi. Site selection depends on a variety of factors, including the urgency of the problem, available transportation and patient preference. Patients may elect to travel to the US and pay the difference.

Per Diem and transportation costs to the nearest suitable facility are covered under the State Department's medical program, as are costs of hospitalization. However, patients receiving care under this program who are hospitalized must file a claim with their health insurance carriers, and any proceeds from inpatient related claims must be remitted to the Embassy's Financial Management Office.

All outpatient medical and dental costs not related to hospitalization are not covered by the Department's medical program and are the responsibility of the patient. All people who use the Health Unit but who are not covered under the State Department's medical program must have adequate medical evacuation insurance. Medical evacuation to CONUS is authorized for all obstetrical deliveries.

Foreign Programs (MED/FP) is the point of contact/liaison between the attending physician, patient, MED and Post. Upon arrival in the US, the patient must contact Foreign Programs at 202-663-1662 with regard to the medical situation. Decisions concerning reinstatement of the medical clearance will be made by Foreign Programs; this clearance **MUST** be received before returning to post. Failure to do so may result in loss of benefits. Additional information about MED can be found on the intranet website.

Pre-certification is required by all health insurance plans in the Federal Employees Health Benefits Program (FEHBP) when hospitalized in the U.S. as well as for certain procedures performed on an outpatient basis. Employees are urged to be familiar with their health benefits. If hospitalized on an emergency basis, your insurance company must be notified within 48 hours. This is accomplished by a telephone call to the individual's own insurance plan, either by the individual, his/her physician, or the admitting hospital. Notification is not required for hospitalizations occurring overseas. Please note that this pre-certification is done with the insurance company, **NOT** with MED.

**Checklist for Medevac Travel:**

- Medical evacuation travel orders
- Authorization for hospitalization, DS-3067 (Formerly FS-569)  
(Post will issue if hospitalized overseas; MED will issue if medevaced to the U.S.)

- Valid passport and re-entry visa
- All pertinent medical records and X-ray films valid immunization record for return
- V- Medical insurance information (company, policy & group numbers)
- Medical record release for the attending physician airline tickets
- A- sufficient funds and credit cards
- S- Sufficient medications e.g. malaria prophylaxis for your trip
- Supervisor informed of travel plans and dates

### **Dental Travel**

Dental emergencies occurring overseas in areas with inadequate dental facilities may require medical travel for urgent dental care. But there are limitations to this travel listed in 3 FAM 680 and employees must first seek approval from the post-medical authority. Because of limited dental benefits, it is prudent to obtain prophylactic dental examinations and treatment during your home leave and/or R&R.

### **Obstetrical Travel**

MEDEV AC to the United States (cost constructive to point of entry into the Continental United States -CONUS) is both highly recommended and authorized for pregnancy. Up to ninety (90) days of per-diem can be authorized for this benefit. This usually allows for 6 weeks of per-diem before and for 6 weeks of per-diem after the expected due date. Those who elect not to deliver in the U.S. should contact the health unit or MED since some restrictions may apply to the amount authorized for medical travel and per-diem. (See 3 F AM 686.1-2c)

### **Payment for Medical Care**

The employee is responsible for the costs of outpatient doctor and specialty visits, whether it is in conjunction with a medical evacuation or not. The employee is also responsible for the costs of all laboratory tests, X-rays, etc that arise from outpatient visits. Employees should submit medical claims to their insurance carrier to receive the allowable reimbursement once the deductible is met.

Overseas employees and eligible dependents requiring hospitalization are issued an Authorization for Medical Services (DS-3067) form. The DS-3067 allows MED to pay up front usual and customary expenses for hospitalized and related outpatient care for illnesses, injuries, or conditions incurred overseas. Employees and eligible dependents are required to file medical claims with their medical insurance and amounts received in settlement of

the claims are to be forwarded to their agency collection office. MED serves only as the secondary payer and liability is limited to the residual after the employee's own health insurance has paid. For this reason employees are required to participate in the Federal Employees Health Benefit Program (FEHBP).

### **Emergency Visitation Travel**

Note: At the post level, EVT's are an HR/Admin function - **NOT** a Medical Unit function.

Emergency Visitation Travel (EVT) can be authorized when a parent, child, or sibling has died; or when a parent or child is in a life-threatening, critical condition. EVT may be authorized for a member of the Foreign Service when "stationed" abroad or for an eligible dependent "located abroad."

A Foreign Service member or eligible dependent is limited to one round trip for each serious illness or injury of each immediate family member. Separate travel for death interment, however, can be authorized.

Although the Medical Unit may be able to answer general medical questions, it is the responsibility of the post's HR office to contact Foreign Program (MED/FP) for authorization when a parent or child has a life threatening medical condition. In the event of the death of a parent, sibling, or child, authorization for EVT is authorized by post. Consult 3 FAM 699.5 for limitations on EVT. Family in the United States needs to alert the attending physician/nurse/clinic/ hospital that a physician or nurse practitioner from the State Department Medical Division may be contacting them and that permission is granted to discuss the patient's condition. To expedite matters, the family can ask the attending provider to contact the State Department medical staff at (202) 663-1662 (Med/Foreign Programs) EST, M-F 8:15 a.m.

- 5 p.m. or (202) 647-1512 after hours with medical information. Should the family member wish to travel before receiving authorization for EVT, a repayment agreement may be signed.

### **Alcohol and Drug Awareness Program (ADAP)**

The Alcohol and Drug Awareness Program (ADAP) is a diagnostic and referral service of the Office of Medical Services. It is a medically confidential service. The individual who seeks help for substance abuse is assured the same medical confidentiality accorded those who seek help for

other diseases. The individual's diagnosis and treatment plan become part of the medical record, not part of their personal life.

By federal law, counseling and/or treatment are in no way prejudicial to job security or promotional opportunities.

Individuals serving overseas historically have had to deal with the possibility of addiction to alcohol and more recently, to other drugs. People in the Foreign Service enjoy no magical immunity from addiction. The Foreign Service is a microcosm of the general population and therefore the statistics that prevail nationally apply.

Addictive use of alcohol or drugs is a progressive phenomenon and the individual usually is the last person to know, or admit that a problem exists. Self-referral, for assistance is therefore not the most frequent mode for intervention in the progression. Intervention is more likely to be activated by a spouse, a loved one or supervisor. Statistics both nationally and within the Foreign Service indicate the leverage possessed by a supervisor can have a meaningful impact on the individuals becoming willing to abandon denial and admit to the need for help.

Alcoholism is the most prevalent of the addictions in the Foreign Service. However, the easy availability of illicit drugs overseas has seen a burgeoning problem of drug abuse among dependent children. Quick identification of the problem by the Post health professional enhances the likelihood of recovery through quick medical evacuation followed by treatment and appropriate post-treatment aftercare. In all cases of medical evacuation for alcohol or drug dependency, whether the patient is an employee or dependent, the issue of clearance to return overseas will depend upon treatment outcome, the commitment to recovery of the individual, and the availability at Post of regularly scheduled English-speaking AA Groups and other support services.

Effective intervention and professional treatment has resulted in hundreds of Foreign Service people returning to the professional mainstream in full command of all their powers.

### **Family Advocacy Program**

The Family Advocacy Program provides a program for addressing issues in the family relating to child abuse or neglect as well as abuse of the spouse

and other dependent family members. It is meant to facilitate the identification, treatment, and disposition of those children who are victimized and to allow for the legal investigation of the alleged perpetrator. The authority for this rests in the Crime Control Act of 1990 which specifically mandates that certain professionals in federally operated facilities, such as U.S. Embassies, Consulates, and overseas missions, report cases of actual or suspected child abuse or neglect to a designated law enforcement agency, specifically the Office of Diplomatic Security.

The designation of a Family Advocacy Officer (FAO), usually the DCM, allows for the necessary coordination of systematic procedures for investigation of such cases. The other members of the Family Advocacy Team (FAT) responding to such allegations are the Regional Medical Officer (RMO), Regional Psychiatrist (RMO/P), Foreign Service Nurse Practitioner (FSNP), and the Regional Security Officer (RSO). Due to the complex nature of such cases, posts are strongly encouraged to consult freely with MED and DS in Washington D.C. in dealing with cases of suspected abuse/neglect.

### **Medical Clearance Requirements**

You and all of your eligible family members (EFMs) must have a current, valid (non-pending) medical clearance prior to departing for your assignment abroad in order to participate in the Department's Medical Program. It is your responsibility to initiate and conclude the medical clearance process for yourself and your EFMs.

If you are transferring from the U.S. to a post abroad, you must conclude clearances for yourself and your EFMs well in advance of transfer. Travel orders will not be issued to you without a clearance for you and all EFMs who will accompany you to post. If you are transferring from one post to another, you should have the clearance process done at post six months in advance of departure. If you want to have your clearance done at the Exam Clinic in Washington, you should schedule an appointment well in advance of the beginning of home leave. Employees transferring from posts abroad to the Department should note that the optional end-of-tour examinations may be scheduled in the Department during the off-peak season beginning in October, but must be scheduled within six months of return to the Department. If you are assigned to long-term language training, you and all of your EFMs who will accompany you abroad must have a current medical clearance before you can begin the training.

No medical clearance is needed for TDY assignments of fewer than 60 days cumulative in a calendar year.)

If you or any of your EFMs have a specific or limited medical (Class 2) clearance, you must complete the medical clearance requirements described above. In addition, MED must approve your proposed post of assignment before you can be assigned to that post.

(Your Career Development Officer, CDO, will submit your proposed bids to the Medical Clearances office.) Well before submitting your bids, you are required to have your health care provider fax to MED/MC at 703-875-5414 a signed and dated report on official letterhead that describes your medications and the status of the medical condition for which you have the Specific Class-2 clearance and treatment plan of care and monitoring for the next two years. If your EFM has a Specific Class-2 clearance for educational reasons, you are required to have the institution where the EFM is currently studying fax a school progress report to MED/MC at the above number. Any fax sent to MED/MC should include the patient's name as well as your name and the fact that you are transferring to a post abroad. The FAX cover sheet should note "Update for upcoming bidding season." Any faxes relating to a Specific Class-2 clearance should be sent to MED/MC very early in the assignments process, i.e. well before bids are due, so that there will be no delay in being cleared for your assignment.

Please note that the Specific Class-2 clearance process described above is in addition to the requirement for updating medical clearances as described in the first paragraph.

## **IMMUNIZATION PROGRAM**

It is essential that employees and dependents follow the Medical Unit's recommendations on immunizations required for this Post. Immediately after arrival, employees and dependents are requested to bring their yellow international immunization record to the Medical Unit to make sure immunizations needed for this post are up to date.

**Yellow Fever Vaccine:** Yellow fever vaccination is required for Sudan and those traveling or living in certain areas of South America and most of sub-Saharan Africa where yellow fever infection is reported. Most of these countries will require an International Certification of Vaccination to be completed, signed and validated by a certified Immunization Center at least ten days before entry. Vaccination is valid for ten years. The vaccine is often not available overseas. Personnel should verify (and renew if needed) their vaccination at the time of R&R and home leave so that their protection does not expire during their overseas tour. Vaccination should be avoided by pregnant women and anyone with severe allergy to eggs. Children as a rule can begin immunization at nine months of age.

**Typhoid Vaccine:** Oral typhoid vaccine is recommended for individuals over six years of age. Younger children do not respond to the oral vaccine and must use one of the injectable versions. Typhoid fever is rare in official Americans in Africa, but it is a serious disease. Avoiding contaminated food and water is essential regardless of vaccination history, since there is only an estimated 70% protective rate with this vaccine.

**Rabies Vaccine:** Human diploid cell vaccine (HDCV) is strongly recommended as a pre-exposure series for the following groups of people: marines, joggers, pet owners, and frequent contact with animals. Since rabies is usually fatal, and Africa is a region where there is an increased risk of being bitten by a rabid animal, individuals of all ages are encouraged to receive the vaccine. Following a possible exposure, even those persons who have received pre-exposure rabies immunization, need evaluation for further protective immunization and treatment. Contact the Medical Unit as soon as possible.

**Hepatitis A Vaccine:** Hepatitis A is a serious viral infection transmitted by fecal contamination of food and water. Hepatitis A vaccine is recommended

for all adults who do not have protective antibodies documented by blood tests. A pediatric vaccine is now available for ages 2 - 18 years.

**Hepatitis B Vaccine:** Hepatitis B prophylaxis is recommended for all employees and dependents and can be given at any age. Children in the US typically now receive immunization against Hepatitis B as part of their infant series. Exposure to body fluids (blood, wounds, semen, vaginal fluids) of infected individuals leads to transmission, but at a much higher rate than with the HIV virus. Casual contact with blood or wounds from a significant portion of the local population poses a serious risk that can be negated by this safe vaccine.

**Measles Vaccine:** Measles continues to be a serious public health problem and a significant threat to un-immunized travelers. Americans visiting or living in Sudan should follow standard recommendations regarding measles vaccination for adults. Individuals whose birth date is before 1957 are likely to be immune by natural infection. Individuals whose birth date is after 1957 should have had two live measles vaccine immunizations, the first dose in infancy (usually at 15 months), the second dose either prior to preschool, in middle school, college or prior to international travel, depending on age and personal history. When vaccination history or immune status is in doubt, re-immunization is a safe and prudent policy.

**Polio Vaccine:** Adults should have had a booster some time in adulthood prior to international travel.

**Tetanus/Diphtheria Vaccine:** Both of these diseases are common in Africa. Adults should have a booster at least every 10 years, or sooner in the event of suffering a dirty wound.

**Meningitis Vaccine:** Meningococcal meningitis is a severe bacterial infection that enters the body through the respiratory system and then infects the brain. Vaccination with the meningococcal meningitis vaccine is indicated for travelers to areas recognized as having epidemic meningitis, such as the Middle East and the "Meningitis Belt." This extends in the savanna areas of sub-Saharan Africa from Mali in the west to Ethiopia in the East. Immunization is accomplished with a single dose. Booster doses are recommended after three years.

**Cholera Vaccine:** The vast majority of medical authorities concur that this vaccine is not worth receiving. Some international borders still require documentation of vaccination. Contact the Health Unit for a solution.

**Tuberculosis (TB) Skin Test:** TB is one of the world's most important public health problems. One third of humanity is infected. It is an important threat to expatriates living in Sudan. The bacteria that cause TB are spread in droplets when infected persons cough, particularly in confined spaces. They may also be found in non-pasteurized milk from infected cows. A yearly TB skin test (PPD) is recommended for Americans living in Africa. Public health officials in Europe and Africa advocate a vaccine called BCG in infancy, but its efficacy remains highly controversial. BCG is not recommended by American medical authorities.

**Influenza Vaccine:** Influenza is a very contagious virus, which spreads from the nose or throat of an infected person. It is characterized by fever, chills, sore throat, cough and muscle aches. Complications arising from infection can be life-threatening. Influenza viruses are constantly changing. Therefore, influenza vaccines are updated every year and annual vaccination is recommended for those 6 months of age and older, but especially for those with additional chronic health conditions. The best time for influenza vaccine is in October or November and it takes at least 2 weeks for protection to develop.

**N.B.** If you plan to travel to visit other countries, please stop by the Medical Unit to check your vaccination status before you depart as other vaccines may be required. Some countries e.g. Nairobi and sometimes Egypt, require proof of the Cholera Vaccine, and may prevent entry if you don't have it recorded in your vaccination card.

### **Medical Unit Operations**

The Embassy Medical Unit is located on the second floor of the Chancery. The clinic is open daily Sunday thru Thursday from 08:00 a.m. to 4:30 p.m. The Phone extensions are 6096 and 4096.

The Medical Unit is currently staffed by the RMO and a nurse who are available from 8:00 a.m. - 4:30 p.m. The Post Medical Advisor is available for consultations in the Medical Unit on Sundays, Tuesdays and Thursdays from 11:00 a.m. till 12:00 midday. The Regional Medical Psychiatrist (RMO/P) is stationed in Nairobi.

**Routine medical problems** are those that should be seen during the Medical Unit's regular hours. Appointments are preferred. Some situations call for more immediate attention, e.g. prolonged vomiting, pain, injuries etc. In these situations, come directly to the Medical Unit.

**Remember** for emergencies outside the Medical Unit's normal work hours you should contact the Embassy Nurse, cell phone 0912305030, or the Regional Medical Officer for investigation on how to proceed.

### **Registration**

*As soon as possible after arrival at Post, eligible individuals and families need to register with the Medical Unit and bring medical records and vaccination cards.* During this appointment, an Orientation about the Medical Unit and services available are discussed. Individual charts are reviewed or established, vaccination needs are reviewed and a schedule determined.

### **Juba, Southern Sudan**

All employees departing Khartoum for Juba should check in with the Medical Unit for an out briefing on Medical Care and precautions required whilst in Juba.

### **Personal Prescriptions and medication Supplies**

Embassy Medical Units are required by the Department of State to provide our patients only those prescription medications needed for acute illness. Regulations do not allow Embassy Medical Units to stock or supply medications for the purpose of chronic or maintenance use. State Department personnel covered by the Department of State Medical Program are required to purchase their own chronically needed medications. The Medical Unit recommends that you bring sufficient amounts of prescription and non-prescription drugs to last for several months. Do not rely on local pharmacies. Individuals on long-term medications are responsible for their own supplies and must order and pay for these items themselves. Medications are best supplied from US sources and can be mailed through the pouch. This can be done easily using an established account with a stateside drugstore. Place your order early to anticipate possible delays in delivery. Some prescription services limit quantities to a 90-day supply. The Medical Unit will arrange to write and fax the necessary prescriptions but you must initiate the request in a timely fashion.

### **Allergy Shots:**

If you or a family member are on allergy shots discuss with your doctor whether to continue these at Post or not. If the answer is yes, bring sufficient quantities of serum to last at least several months.

Some reliable pharmacies which have provided service to Foreign Service personnel in the past:

### **Washington Clinic Pharmacy**

5401 Western Ave; N.W. Washington D.C. 20015

Tel: 202-363-2443/2444

Fax: 202-537-5070

A'ITN: Mr. Art Weinstein

### **Morton's Pharmacy**

724E Capital St. NE Washington, DC 20003

Tel: 202-543-1616

Fax: 202-547-1636

Mailing Fee: none

They will FED-Ex or DHL. Will also forward OTCs

**CVS**

2125 E Street NW Washington, DC 20037 Tel: 202-338-6337

Fax: 202-625-6621

Will only do refills via Fax You must call for new RX's Mailing fee: \$6.00 pouch If another CVS is used it will delay the RX by about 3 weeks. They will FED-EX or DHL. Also forward OTC's.

**Western Pharmacy**

3001 PSt. NW Washington, DC 20007

Tel: 202-337-4100 Fax: 202-337-4102

Mailing Fee: \$3.00 plus postage

**Morgan's Pharmacy,**

3001 PSt. NW,

Washington, DC 20007

Tel: 202-337-4100

Fax: 202-337-4102

They will Fed EX or DHL

They Also send OTC;'s. You must provide a MC or Visa #

Below are some of the better stocked local pharmacies you can use for OTC drugs and first aid supplies. Please consult the Medical Unit for guidance regarding the use of locally obtained prescription drugs.

**Pharmacies in Khartoum**

**McNimer Pharmacy:** Tel: 0183-464853/ 0155 155 202

This Pharmacy has many branches around the town at the following location: Riyadh, St. 15, Africa Road, McNimer street.

**Medical Supplies Companies:**

**Health Care for Trading & Investment Co.Ltd**

Tel: Mr. Osama Al-Rasheed 09 12257367 / 09 12336555

**Marwaco Commercial Enterprise**

Tel: 0187-563880/ 0187- 450929

## **ENVIRONMENTAL HEALTH CONCERNS AT POST**

**Climate:** Khartoum is located in the sandy, sunny, sub-Saharan desert. It is very hot and dusty with scant rain from July through September. From May through September there are frequent dust storms called 'haboobs'. The winter months November through February are cool and pleasant. Because of the intense heat, direct prolonged exposure to the sun may cause fatigue, headache, nausea and vomiting. It is best to avoid strenuous outdoor physical activity when it is hot, especially during the middle of the day. When outside be sure to use sun screen lotions and/or wear protective clothing. Chronic sun exposure can increase the incidence of skin cancer. The drying and irritating effects of the wind and dust can also cause problems for the skin, eyes and sinuses. Skin moisturizing lotions, sunglasses, and humidifiers may help prevent or alleviate these problems.

**Insects:** Khartoum has seasonal infestations of flies and mosquitoes. Since insects are sometimes carriers of disease, caution and preventive measures should be taken. It is best to use fly swatters and insect repellents (read instructions carefully.) Mosquito nets are available from GSO and it is recommended to use them at all times.

**Water:** Most homes are equipped with water distillers which make sufficient quantities of potable water for normal use. All water used for consumption (drinking, ice cubes, cooking, coffee and tea) must be made potable either by the distilling unit or by filtering and then boiling at a rolling boil for 1 minute. The CDC recommends extending this time to 3 minutes at altitudes of 6,500 ft. or higher. Boiled water must be stored in clean containers. Water is not made potable by using filtered water alone. Filters remove debris, but do not render water free from all potential pathogens.

Some reminders about safe water consumption:

- a) Use only safe or treated water for drinking
- b) Use treated water for ice cubes
- c) Alcohol does not purify water
- d) Do not use candle filters without boiling water afterwards
- e) Be sure household help follows the water purification process properly

**Water Filters:** Water filters should be cleaned periodically. The frequency will depend upon the amount of use and the amount of debris in the water. Take the filter apart and clean the plastic reservoirs. The candles should be removed and scrubbed under running water and then soaked in a clorox

solution (1 tbsp. clorox or 5% household bleach per gallon of water) for 15 minutes. Rinse them in potable water and reassemble the filter.

## **LOCAL FOOD AND MILK**

**Fruits and vegetables:** All fruits and vegetables should be washed thoroughly with detergent and running tap water. Those that will be cooked or peeled can then be stored in a sealed container.

Those that will be eaten raw should be soaked for 15 minutes in a solution of clorox or 5% household bleach (1 tablespoon per gallon water) rinsed with boiled or distilled water, and let air dry. The clorox will oxidize leaving no taste.

**Meats:** Eating raw or undercooked local beef, chicken, pork, sausage and fish can lead to trichinosis, tapeworm, fluke infections and other diseases. Smoking, salting, pickling or drying meat and fish will not protect against these problems. To be safe these local products should be well cooked.

**Fish shellfish and Seafood:** Fish, shellfish and seafood should never be eaten raw or undercooked. Washing, marinating or smoking does not destroy parasites in fish. Only thorough cooking destroys them. Some fish tapeworms may be destroyed by freezing but do not count on it. There is a hepatitis risk associated with uncooked shellfish. '

**Eggs, butter and milk:** Eggs are a known source of salmonella both from contamination from chicken faeces and trans ovarian contamination of eggs. To prevent salmonella poisoning, the local eggs must be washed the same as vegetables and cracked eggs should be discarded. Eggs that float and do not sink in a container of water should also be discarded. Raw eggs should never be eaten. Local butter is made from unpasteurized milk and should only be used for baking. A milk sterilizer is recommended if you consume local milk. Order one from Penny's or other US distributors. None are available locally. Sterilized milk called D.H.T milk goes without refrigeration for a period of 3 months. Whole powdered milk is also available on the local market.

**Eating Out:** To help avoid "illness after eating out:"

- i) When selecting a restaurant, select a clean reputable place
- ii) Avoid raw vegetables, fruits and salads
- iii) Avoid custards, cream-filled pastries, potato salads
- iv) Avoid undercooked meats, poultry, fish and shellfish

v) Avoid drinking water unless bottled

When you find difficulty avoiding suspect foods, eat sparingly. The quantity of organisms eaten may determine whether you get sick or not!

**Domestic Help:** Employees and food handlers who work in the home are a potential source of illness for others. A medical exam prior to employment is a must. This should include a general physical looking for contagious disease, a chest x-ray to screen for tuberculosis, and stool tests to screen for parasites. Periodic re-examinations are urged. Stool tests should be repeated every 6 months, and chest x-rays perhaps every year. These examinations are done by private physicians and paid for by the employers.

Domestic employees should be carefully instructed in proper personal and household cleanliness including such procedures as food preparation/handling and dishwashing. It may be wise to repeat instructions frequently and to make sure they are understood and correctly carried out. Finally, provide soap and clean towels for the frequent and thorough hand washing necessary in the kitchen. Domestic employees must understand that if he/she has fever, vomiting, diarrhea or open wounds, it must be reported to you.

The kitchen should be checked for insects on a weekly basis. If an off the shelf insect spray is to be used, the user should read the instructions carefully. There should be no food, kitchen utensils or crockery around while spraying! If they get contaminated they should be washed with hot soapy water. Spray only in a well-ventilated area and leave the sprayed area until the mist settles. All insect sprays should be locked away, out of reach of children and pets.

**Dishwashing:** Wash dishes, pots and pans in soap and hot water, rinse with hot running water and air-dry. Dishes do not need to be rinsed in potable water if allowed to air-dry. Silverware may need to be dried by hand to prevent water marks. If dishtowels are used they should be clean and dry and used only that one time for drying - wet, dirty dishtowels are wonderful germ spreaders!

#### **Animals and Stray Pets:**

Many imported dogs have not done well in Sudan so think carefully before bringing your pet to Sudan. Be sure to have them fully immunized before coming. A veterinarian is available but supplies of rabies and other vaccines

are not always available. Keep your pets in the yard and only take them out on a leash. Rabies is endemic in Sudan and stray animals, especially dogs and cats, are a reservoir for this disease. Do not befriend stray animals. Remember, pre-exposure rabies vaccination is recommended for all at post.

## **MALARIA**

Malaria is an infection of the red blood cells caused by one of four different species of parasites carried to humans by mosquitoes. The most serious of these types is Plasmodium Falciparum which is present here in Khartoum and can rapidly progress to coma and death. In addition, some of these parasites are becoming more resistant to chloroquine which is the medication that has been used for years for treatment and prevention of malaria. No longer is chloroquine considered adequate to reduce one's chances of being infected with the malarial parasite here in Khartoum.

The currently recommended medication for malaria prophylaxis is Mefloquine (Larium) taken weekly. Mefloquine is contraindicated in certain people, including those on beta-blockers or quinidine (heart/blood pressure medication), those with a history of epilepsy or a significant psychiatric disorder, pregnant women and children under 15kg (35 lbs). The dosages are as follows:

Mefloquine tabs 250 mgs. - take once a week on the same day:

33 to 42 lbs 1/4 tablet

43 to 66 lbs 1/2 tablet

67 to 99 lbs 3/4 tablet

above 99 lbs - adult dose 1 tablet

If you are having problems with the Mefloquine prophylaxis, please do not just stop the pills but come into the Medical Unit to discuss and make further plans. There are other options available. Not taking medication for malaria prophylaxis is not a very good option here in Khartoum. Since no anti-malarial drug regimen alone can offer total protection, in addition to religious use of anti-malarial drugs, there are a number of important measures to protect against mosquito bites and the acquisition of malaria. These include:

**Remain** in well screened areas.

**Use mosquito nets** enclosing the bed while sleeping.

**Use insect repellants**, containing about 30% concentration of DEET, on exposed parts of the body.

**Spray clothing** with permethrin (Permanone) repellent.

**Use flying insect spray** containing pyrethrum in living and sleeping areas.

**Limit outside** exposure from dusk to dawn.

One final note: Plasmodium Vivax and Plasmodium Ovale are two types of parasite that can cause relapsing malaria. While the malaria infection is suppressed while taking Mefloquine or alternative prophylaxis, acute malaria can occur up to three years after stopping these medications. To prevent this, another medication called Primaquine is taken after final departure. You will be given instructions about this when you check out with the Medical Unit before leaving Post.

## **COMMON MEDICAL PROBLEMS**

**Dehydration:** Dehydration is a constant threat in hot climates. Drink lots of fluids, especially water. Warning signs of dehydration include the following and should alert you to seek medical attention:

- a. Small amounts of dark yellow urine
- b. Thirst
- c. Absence of tears
- d. Dry mouth and skin
- e. Lightheadedness and dizziness when standing

**Vomiting:** Usually after your stomach settles, you can begin taking fluids in small amounts. Sipping at frequent intervals is better than drinking large glasses at once. Water, broth, flat 7 up, diluted fruit juices, and weak tea are among the best fluids but any clear (you can see through it) nonalcoholic liquid will help. If vomiting persists or you find your urine has become dark and infrequent, seek medical assistance.

**Diarrhea:** Diarrhea is a common problem in Africa. Most diarrhea is self-limited and subsides in a day or two. The most important treatment for diarrhea is replacement of fluids. Drink lots of liquids similar to those mentioned above for vomiting. As diarrhea subsides, diet may be increased to include soft/solid foods as tolerated. The presence of any of the following in association with diarrhea should prompt one to seek further medical attention:

- a. fever
- b. blood or pus in stool
- c. persistent diarrhea for more than 3-4 days
- d. persistent vomiting
- e. Infants or young children

Pepto-Bismol or Imodium (Loperamide) may be used to control some of the uncomfortable symptoms of mild diarrhea. They are available without a doctor's prescription. **The use of Imodium is contraindicated in diarrhea when accompanied by high fever and/or stools with blood or mucous.** Use Imodium sparingly, and only for persistent diarrhea, or when traveling where toilet facilities are not available.

**Food Poisoning:** Food poisoning is a common term used to describe acute vomiting and/or diarrhea caused by preformed toxins. Bacteria produce toxins when foods are left out at room temperature. This can cause a very dramatic and frightening syndrome. The onset of explosive vomiting and/or diarrhea may occur within 1-6 hours after ingestion of the contaminated food. It is always a self-limiting syndrome in which the symptoms rarely last more than a few hours. Once the body has rid itself of the causative toxins, the vomiting and diarrhea will cease.

After rest and fluid replacement, the victim is usually well enough to resume daily activities. By the time oral antibiotics can be retained, the body itself has already rid itself of the problem.

#### **Treatment for diarrhea and food poisoning:**

- a) Lie down and rest
- b) Reduce food intake. If vomiting is present, do not take food, or medicine until 2 hours after the last episode of vomiting.
- c) If no vomiting is present, begin rehydration salts. Reconstruct as directed. Drink 2-3 quarts of clear liquids in 24 hours to make up for fluid loss, which always accompanies diarrhea and fever. If you do not have rehydration salts, you can make them as follows:
  - 1 liter of water
  - 2 tablespoons of sugar/honey
  - 1/4 teaspoonful salt
  - 1/2 teaspoonful baking soda'
 The following drinks may be taken in small portions at frequent intervals as desired:

Water, sweetened tea, caffeine-free soft drinks (not diet). Initially, the following foods are best because they are low in residue,- thereby reducing the intestinal workload: toast with clear jellies, saltines, Jell-O, puddings (without coconut), cooked rice, baked potato, puffed wheat, Wheaties, Cream of Wheat, Ralston, canned peaches or canned pears (not fresh fruit).

Avoid milk, ice cream and uncooked fruits or vegetables. A normal diet may be resumed if tolerated one day after diarrhea resolves. Do not take drugs that stop diarrhea such as Lomotil, Imodium, or Kaopectate. These drugs prolong the fever and diarrhea and ultimately make you feel worse than if you had let the diarrhea run its course. Weakness and lassitude are related to the volume of fluid lost. These symptom resolve as fluid is replaced.

**Upper Respiratory Problems:** Aside from problems related to the dust and dryness discussed above, most others are the result of viral infections. These 'colds' are treated with fluids and maybe with tylenol, decongestants and cough syrups. Hay fever type problems are rarely troublesome in Khartoum. Aspirin should be avoided in children and teenagers because of the rare potential associations with Reye's Syndrome.

**Fever:** Normal body temperature differs from person to person. It also changes during different

parts of the day. It is lowest in the morning. Children have higher body temperatures than adults. Their temperatures also change more during the day. Things that can make body temperature rise are room temperature, extra clothing, exercise, excitement, anxiety and infection. A temperature that is higher than normal and stays high is a fever. Call the Medical Unit if:

Temperature is higher than 100F (37.5C) in a baby 4 weeks or younger

Temperature is higher than 101F (38C) in an infant less than 3 months

Temperature is higher than 103F (39C) in child younger than 2 years

Temperature is higher than 105F (40.5C) if home treatment does not bring temperature down after 2 hours.

Temperature of 106F (41C)

Persistent fever

A fever can be lowered by giving medication e.g. Tylenol and/or sponging with cool water (do not use alcohol in the water.)

## **Heat and Sun Exposure**

It usually takes several weeks to get used to the heat in Sudan. During this time, one should reduce the amount of strenuous exercise then gradually build back up to one's normal level of exercise. If possible, schedule exercise during cooler parts of the day and drink plenty of water before, during and after exercising. Salt tablets should not be used. Some people prefer juices or 'gatorade' like beverages after exercise.

Sun exposure causes not only a tan, but ultimately may result in sun-damaged skin or even skin cancer. The peak time between 10 a.m. and 4 p.m. is when the tanning (and skin cancer causing) ultraviolet light is strongest. One should cover exposed skin and wear a hat with a brim. Applying sun screen with an SPF of 15 and above will give additional benefit. Sun screens should be reapplied frequently, as they wear off when swimming or exercising.

Those engaging in strenuous physical activity during the noon hour or when not used to vigorous activity, need to be aware of the problems associated with over-heating, and the action to reverse these, Some people and circumstances require special care:

1. Those unaccustomed to vigorous exercise
2. Infants, small children and older persons who are less tolerant of the effects of heat
3. Those with cardiovascular disease
- 4: Those who may be taking any of the following medications: Atropine (Lomotil), Hyoscyamine and Scopolamine (present in many cold medications) and many commonly used counterparts such as Probanthin, Banthine, Donnatol etc.

**Sunburn:** Sunburn is a preventable condition. Some sun is helpful, it provides vitamin D and improves disorders such as psoriasis and acne. Too much sun is harmful. Mounting evidence indicates that over-exposure to the sun is a health hazard, causing painful sunburn and long-term effects such as wrinkling and skin cancer. The sun's ultraviolet B (UVB) rays are believed to cause most of the burning effects, while Ultraviolet A (UV A) 'rays, sometimes mistakenly called "safe", cause much of the tanning and probably are responsible for long-term damage from the sun.

**Heat Cramps:** This is painful cramping of voluntary muscles following prolonged exposure to heat. It is caused by excessive loss of salts from the body through sweating. The muscles of the arms, legs and abdomen are usually involved, and the cramps may be very painful. Body temperature is normal. Treatment of heat cramps: replace water and salt!

**Heat Exhaustion:** Heat exhaustion occurs as the result of excessive loss of water and salts from the body. Signs of heat exhaustion:

- a. Profuse sweating
- b. Pale skin
- c. Weakness
- d. Confusion

**Heat Stroke is a medical Emergency!**

In heat stroke, the victim stops sweating.

**Signs of Heat Stroke:**

- a. Deep breathing followed by shallow breathes
- b. Rapid strong pulse followed by rapid weak pulse
- c. Dry, hot skin
- d. Large (dilated) pupils
- e. Loss of consciousness
- f. Convulsions or muscular twitching may be seen

**Treatment of Heat Stroke:**

- 1. Call for medical help!
- 2. Cool the person down immediately
- 3. Assure an open airway and make sure the victim is breathing. Assist if needed.

## **HEALTH HAZARDS**

**Motor Vehicle Accidents:** Auto accidents constitute the greatest health hazard for Foreign Service Personnel. Use extreme care when driving, especially at night on the unlit roads. Drive defensively. Never drive under the influence of alcohol or drugs. Remember, the best protection in case of an automobile accident is a securely fastened seat belt. All passengers should be properly restrained especially children. Infant seats and toddler seats should be appropriate for weight of child and used as instructed in the accompanying manual. Do everything possible to avoid auto accidents. When traveling in a government vehicle, the use of safety belts is required as

per 6 FAM 617.4(c). Local facilities for care of acute trauma are very limited.

**Poisoning:** Washington D.C. Capital Poison Center telephone number is 202-625-3333 or 1-800-222-1222

**Poison Control Hotline South Africa – 24 hours/day 0027-21-931-6129**  
**First Aid for poisoning Victims:**

### **IPECAC IS NOT LONGER TO BE USED IN INGESTED POISONINGS**

1. Try to remove any remaining poison, e.g. wipe pill fragments off hands and face.
2. Call poison control for assistance.
3. Take the bottle containing the poison or pills (along with any un-ingested pills) to the emergency medical facility with you.

The following precautions should be taken to reduce accidental poisoning in the home:

1. Keep medications and household products locked up and out of reach of children. Do not carry medicines in your purse – children are always going through mother's purse!
2. Ask for and use safety lids or closures on containers of medications and other potentially dangerous products. There has been a 55% reduction in deaths from aspirin poisoning since childproof caps became mandatory.
3. Keep products in their original labeled containers.
4. Children over three years of age can be taught to identify and avoid containers labeled with a hazardous substance sticker, e.g. "Mr Yuk".
5. Store medications away from foodstuffs.
6. Always refer to medicine, including children's vitamins, as "medicine" – not as "candy."
7. Use potentially dangerous volatile substances only in well-ventilated areas.
8. Store Clorox, floor wax, ammonia etc. up where children cannot get to them – put the corn flakes under the sink, not the poisons!
9. Do not store anything in unlabeled containers.
10. In homes that are not "childproof" watch children carefully.

**Smoking and Tobacco Use:** Nearly everyone knows that tobacco smoke not only affects the smoker, but also those exposed to the smoke. Banning of tobacco smoke from buildings was stimulated by studies, which showed that

passive exposure or "secondary" exposure to tobacco smoke is related to a number of health effects.

Children living in a house with smokers are known to have more respiratory problems than those living with non-smokers. Smoking is an addiction, yet there are effective methods to stop. Often smokers are not successful in their initial attempt to quit. The Medical Unit can assist anyone interested in quitting. Since smoking generally begins during adolescence, parents should reinforce the message not to begin smoking and to encourage their children to quit if they have already started to smoke.

**Nutrition:** Over consumption of fat and calories is a big problem for many in the Foreign Service. In addition, many individuals consume too much alcohol or sodium, and may not be consuming enough fiber, calcium, iron or folic acid.

Current nutritional guidance recommends the following:

1. Eating a variety of foods
2. Maintaining a healthy weight
3. Limiting fat to less than 30% of total calories (with saturated fats limited to less than 10% of total calories).
4. Eating at least five servings of vegetables, fruits and grain products per day
5. Moderate use of salt, sodium, sugar and alcohol

Women have special dietary needs, such as folic acid during pregnancy, as well as calcium to build optimal bone mass and prevent osteoporosis. Women are also more likely to be iron deficient due to increased losses from menstruation. Individuals with elevated cholesterol (above 200 milligrams per, deciliter or "200") may need to be on special cholesterol lowering diets. Special diets are also recommended for overweight and diabetic individuals.

**HIV/AIDS:** Increasing numbers of HIV/AIDS cases are being seen in Khartoum. HIV/AIDS is transmitted primarily through sexual contact and infected needles. Do not have blood drawn or receive an injection unless you are absolutely sure a sterile needle is being used.

**Tetanus:** Tetanus ('Lockjaw') is a common pathogen in Sudan. Its spores live in the soil and can fester in any break in the skin, especially a deep puncture wound. If you suffer a cut or puncture, and have not had a tetanus booster within the last 5 years, even if the wound seems clean, come to the Medical Unit within 24 hours of the injury for a booster.

**Schistosomiasis:** This is a parasitic disease prevalent in most bodies of fresh water in Sudan, including the Blue and White Niles. After exposure, itch and rash may occur where the parasites have penetrated the skin. About 20 to 60 days later the second stage of the illness may produce fever, chills, headache, diarrhea and cough. Again prevention is the best approach. Avoid all exposure to free standing fresh water in Sudan and do not go in either Nile. Chlorinated swimming pools are safe. Boiled water or water stored for several days is also safe. If contaminated water does reach the skin, rapid drying or rubbing with alcohol may prevent infection.

**Tuberculosis:** TB is a frequent cause of illness and death in Sudan. Contraction of TB requires close contact with an infectious person. Yearly chest x-ray screening of all domestic help should be considered. Yearly skin test screening for all at post is advised. .

**Polio:** Polio is endemic to Sudan. All persons at Post should be immunized.

**Typhoid Fever:** Typhoid is an infection caused by the bacteria Salmonella Typhosa. The symptoms are fever, diarrhea, and rash on the abdomen. It is endemic to Sudan and there are occasional epidemics. All at post should be immunized as outlined above.

**Giardiasis and Amoebiasis:** Both these organisms are present in Sudan and both can cause diarrhea. Though neither has been common in our population, anyone with severe or prolonged diarrhea (certainly over 2 weeks) should come to the Health Unit for evaluation and proper stool exams. Careful attention to food and drink as discussed above will help prevent these problems.

**Hepatitis C & E:** are other types of viral hepatitis. Hepatitis C, like Hepatitis B, can be transmitted by sexual contact with infected partners and other activities that result in the exchange of blood or blood derived fluid. Hepatitis E virus transmission is similar to that of hepatitis A in that it usually is transmitted by ingesting contaminated food or water but can also be spread directly from person to person, especially in households. Vaccines have not been developed for either of these viruses. Fortunately, these infections are uncommon and one can reduce their risk of acquiring them by following the same precautions for hepatitis A & B.

**Rabies:** There are very few diseases one would like to avoid more than rabies. Everyone who gets rabies dies rapidly and painfully! It is a disease, however, that is easily avoided.

Rabies is caused by a virus and is transmitted to man by several different animals. The most common source is the canines, including domestic dogs, foxes and coyotes, but bats, skunks and raccoons can also be the culprit. Mice, rats and other rodent bites rarely, if ever, transmit rabies. Cats must be considered as a potential problem too.

The disease is seen in most countries, with the exception of the UK, Japan, New Zealand and Australia. That, of course is the reason for the long quarantine for animals going into those countries. About one person per year dies from rabies in the US, while 30,000 die each year in the world, predominately in the developing world. Rabies is a significant problem in Sudan.

This disease, which can start any time from five days to a year after the bite, (usually 2-8 weeks.) manifests itself first by non-specific symptoms like headache and agitation, but progress to paralysis, characteristically with difficulty swallowing causing a fear of water (hydrophobia). Death ensues from paralysis of breathing. There have been few cures and all those were in previously vaccinated patients with prolonged intensive care. There is no definitive treatment.

**There are some definite rules for someone bitten by an animal:**

1. Wash the wound immediately and thoroughly with soap and water for fifteen minutes by the clock. This simple measure will prevent most cases.
2. Try to keep the animal under observation for 10 days as symptoms of rabies will almost surely appear within that time.
3. Seek medical advice quickly.

If you are bitten by a suspect animal, you are given a shot of immune globulin followed by a series of 5 vaccinations in the arm. They are effective, relatively pain-free and have very few side effects. If you have had the pre-exposure series, which is recommended for Sudan, you only need three shots.

**Electricity:** Electricity in Khartoum is 220 volts 50 Hz AC which is much more dangerous and likely to cause serious electrical injury if shock occurs

when compared to the 110 volts 60 Hz AC of the U.S. Extra care needs to be taken when working with or handling electrical equipment. The following safety measures are recommended:

1. Periodically inspect wiring of all light fixtures and repair defective wire.
2. Disconnect the plug before repairing equipment.
3. DO NOT handle electrical equipment of any kind when any part of the body is wet or when in bare feet.
4. Know where fuse circuit breakers are located in your home and how to 'pull' them.
5. Become thoroughly briefed on how to switch back and forth between city power and generator power before operating generator.
6. Have only qualified personnel from GSO make repairs to electrical system of your home.
7. Keep wall plugs in the 'off' position when not in use.
8. Families with small children, toddlers need safety plugs for wall outlets even if switch is Off! Please pay close attention to this. 220 volt electricity is not very forgiving and often doesn't let you make a mistake more than once!

## **JETLAG**

Whether or not travel is for business or pleasure, jet lag can make anyone feel out of sorts, Headache, tiredness during the day or insomnia at night from jet lag can be especially bothersome to those with busy schedules who do not take a day or two of rest following a long distance trip. Generally, travel from west to east produces more symptoms of jet lag than traveling the opposite direction. Bright light, activity and exercise during daytime will hasten adjustment to the new time zone. Darkness, quiet and possibly sleep medication for a couple of nights can also help. In order to lessen jet lag, experts recommend that the traveler begin to adopt the new local hours for sleeping and for being awake before arriving at the new location.

Shifting one's schedule by an hour or so at least several days before traveling can facilitate this. The correct timing of meals might also be useful, although a much-touted anti-jet lag diet has not been fully evaluated. Dehydration, which can be worsened by consuming alcoholic beverages, is a common problem after a long plane ride. One should avoid all alcoholic beverages and consume more than the usual amount of other beverages such as juices and water. Experts recommend avoiding caffeinated beverages, whereas there are some that feel caffeine may help to adapt to the new time zone when taken at the correct time. Dehydration can also cause constipation, so a diet rich in fiber may help to avoid this.

To prevent tired or sore muscles, a number of stretching exercises can be performed while sitting or standing in the plane. In addition, exercise is a way to stimulate metabolism and mental alertness. The use of sleeping pills (or alcohol for similar effect) should be avoided. These can often cause prolonged effects that may decrease concentration, memory and affect other areas of performance which are important, especially if one has to work shortly after arrival.

## **STRESS**

With acute stress, there is a sudden surge in adrenaline and corticosteroids, which heighten alertness, sharpen physical responses and focus attention. These abrupt changes have helped us survive and succeed. However, some of these responses can interfere annoyingly with our efforts: tremor, Hyperventilation, palpitations, sweating and insomnia. Nevertheless, these acute signs of stress usually quickly dissolve when the stressful event ends. Prolonged exposure to excessive stress is never beneficial: The acute stress mechanisms burn out. The adrenaline no longer surges and the chronically elevated steroids accelerate atherosclerosis, osteoporosis and the loss of

memory cells. Lack of sleep, failure to attend to nutrition, exercise and other needs, and absence of "down time" leads to a nose dive in performance, poor judgment, irritability or emotional indifference and, chronic fatigue. Headaches, ulcers, colitis, flare-ups of asthma or eczema, major depression, and recurrent panic attacks finally force us to see the doctor.

With these problems our bodies inform us that we were under more stress than we were willing to admit and, whether we like it or not, we are now going to have to do something about it.

How well and how long we are going to be able to cope with stress depends upon how physically and emotionally fit we were prior to the stress. Routine exercise, regular sleep, balanced nutrition and regular medical check-ups help to protect us. Learning to balance work and play, personal growth and social activities, limits and goals are essential to cope long-term with life's many experiences.

Situational stresses such as moving to a new post or a new job may suddenly unbalance us. We are jettisoned into conditions that may disrupt our normal patterns, tearing off the security blanket of the comfortably familiar that we have created. The primary urges of flight, fright and fight churn within us.

In Sudan there are plenty of possible stresses: fears about security, inability to understand the language, limited social outlets, lack of privacy, inescapable personality conflicts, separation from family and friends. Then the new environment of Sudan may add a variety of small annoyances that heighten the frustrations; another 'pothole, another request from the household staff for money (how many times can his mother die?). Often more important, however, are the stresses that are brought with the individual: unobtainable expectations, financial concerns, marital conflict, lack of self-esteem, sense of isolation, inability to define limits and goals, inability to talk with his supervisor.

So, whose problem is all this stress? It's yours and perhaps no one else's! You cannot simply continue with business as usual. The sense of threat, failure to comprehend, inability to cope and uncertainty, force us to stop, consider and choose options. To continue under stress will probably lead to physical or emotional illness. Here are some guidelines:

- a) Be proactive, Don't continue as a victim of the situation. Do something to change it or make it better.
- b) Balance work and play. If you have to plan to be working at the same job for a long time, you need to meet your physical and emotional needs.

c) Resolve conflicts through communication. Whether at work or home, if you don't talk about it and create understanding, you will remain isolated and burdened.

d) Assess expectations and goals -- and adapt. Realistically, is what you want and what you expect of yourself both possible and reasonable? What is your job? How can you make home life happier? What new social activities would be fun? Maintenance of good health is essential to tolerate stress.

Treat illness promptly and maintain good nutrition.

Americans have become chronically sleep-deprived. Make sure you get the sleep that you need, Everyone does better when rested: Regular exercise maintains the stamina for every day living and may ultimately improve your quality of life. It is certainly a way to burn up frustrations and limber up the knots of tension, Exercise helps control weight, lower cholesterol and hypertension, and liven up your dancing!

At home, communicate with your spouse and children and respect each persons need to be an individual. At work, determine what is important. Plan, prepare, meet weekly goals, define limits, communicate with your supervisor and staff, and take a break when necessary, Socially, get to know people, take a new person to lunch each week (and eat slowly), and participate in community events.

In the Foreign Service we may strongly sense that we are a part of a small, relatively fragile community. If the community is placed under stress, each individual shares in it. Therefore, we must support each other when there is no one else at hand. It is best to develop that support long before a crisis arrives.

## **LOCAL MEDICAL RESOURCES**

Khartoum has limited medical resources and the health care delivery system is different from that in the U.S. Physicians are seldom in their private clinics in the morning. Office hours are usually in the evening. Patients themselves pay for all visits to physicians, and for all x-rays and laboratory services. Local Doctors and clinics may expect payment before the visit. Referrals to local physicians and health care facilities can be made by the Medical Unit when necessary. Keep receipts if you plan to submit them to your insurance company, and make a note of the rate of exchange on your receipts.

### **Hospitals and Clinics:**

None of the hospitals or clinics in Sudan are comparable to those in American or Europe. **It is best to contact the Medical Unit or a local private physician before going to a hospital.** If you are involved in a motor vehicle accident and a police report is required, you may be forced to go to the Khartoum Teaching Hospital. If this happens, call the Medical Unit staff as soon as possible. They will come and help and/or get you released. It is good practice to carry your radio/mobile telephone at all times.

### **Sahiroon Specialized Hospital, Burri: Tel:( 83-279610 / 83- 279611 )**

This is a 64 bedded private hospital attached to the Police Hospital in Burri. This hospital is well equipped to deal with major trauma and has an ICU with modem equipment. X-ray, Laboratory, ultrasound, CT and MRI are also available within the hospital.

### **Doctor's Clinic (Tel: 83-498008 / 83- 464419)**

This private hospital is located on Street 37 Amarat, off airport road. This hospital may be used for inpatient and outpatient care.

### **Elfaisal Specialized Hospital Tel: 83-789555**

Hospital Street, Khartoum.

Ambulance Tel: 0912-444000

30 bedded hospital about one kilometer south of the Embassy. This hospital can be used for inpatient and outpatient consultations.

**Fedail Medical Center:** Tel 83-766661

Hospital Street

Khartoum

33 bedded private clinic with Inpatient/outpatient facilities.

**Sudan Heart Hospital** Erkowit, Khartoum. Tel: 83-232136 or 83-232138

44 bedded private sector of the Military Hospital.

This hospital is specialized in dealing with Cardiac patients.

**The Modern Medical Center:** Africa Road, Tel: 83-471683 / 83- 471684

Is located on Africa Road, across from the Kuwait Embassy. The clinic is open daily except Fridays from 08:30 a.m. to 12:00 noon and in the evenings from 06:00 p.m. - 10:00 p.m. This facility is for outpatients only. Physicians specializing in orthopedics, ophthalmology, obstetrics and gynecology, cardiology and pediatrics are available for consultations in the evenings.

#### **Laboratory and X-ray Clinics**

The Medical Unit can arrange referrals for outside laboratory or X-ray testing if needed. The patient is expected to pay at the time of the visit.

**Fudail Medical Center Lab:** Tel: 0120 867788

Laboratory situated on the 2<sup>nd</sup> floor

Hospital Street

Khartoum

**Academy Diagnostic Center :** Riyadh, Tel: 83-228614 / 83-224176

This facility is near the Tutti Fruitti Ice Cream Parlor. Provides X-ray, Ultrasound, CT MRI & laboratory investigations. Open daily except Fridays from 08:00 a.m. to 03:00 p.m. and in the evenings from 06:00 p.m. to 10:00 p.m. Ambulance service is available.

**Modern Medical Center:** Africa Road (across from Kuwait Embassy)

Tel: 83-471683/83-471684. Laboratory facilities, X-ray, Ultrasound, CT and MRI. Open Daily from 08:30 a.m. to 12:00 noon and evenings from 07:00 p.m. to 10:00 p.m. Closed on Fridays.

### **Local Physicians**

These Physicians are fully trained and many received part or all of their training in the U.K. or elsewhere in Europe or in the U.S. With few exceptions, most work in Government hospitals during the mornings. Most private clinics are open in the evenings, usually from 6:30 p.m. to 10:00 p.m. Many are closed on Fridays and/or Sundays. Patients are expected to pay for services at the time they are rendered.

THE FOLLOWING LIST OF DOCTORS AND DENTISTS HAS BEEN MADE ON THE BASIS OF POSITIVE EXPERIENCE. IT IS FOR YOUR CONVENIENCE AND DOES NOT CONSTITUTE EITHER AN ENDORSEMENT OR RECOMMENDATION BY THE AMERICAN EMBASSY.

### **Cardiologists**

Dr. Siddig Ahmed Ismail, Tel: 83-777366  
Hurrya & 19th Street  
Closed on Fridays

Dr. Ahmed Elsayed, Tel: 83-232136/83-232138 Cardiac Surgeon  
Sudan Heart Hospital  
Erkoweit.  
Does not have private clinic

**Ear, Nose & Throat** Tel: 09- 12998517  
Dr. Ali Hassanein AlHadi Tel: 09- 12302929  
Consultant

### **General Medicine/Internists**

**Prof. Asma Elsony**, Tel: 83-465459  
Alan Woodruff Medical Centre, St. 43 Amarat (3 blocks from Airport Road)  
Work week Saturdays thru Thursdays, walk-ins 3:00 .m. - 4:00 p.m.  
Appt. only 7:3 p.m. – 9:00 p.m. cell phone: 0912569186 (Helen)

**Prof. Suliman Fedail Mohamed**, Tel: 83-766661  
Gastroenterologist  
Fedail Hospital  
Hospital Street  
Saturday thru Thursday from 11: 00 a.m. - 2:30 p.m.  
And evenings from 7:00 p.m. - 11:00 p.m. Closed on Friday.

**Obstetrics & Gynaecology**

**Dr. Abdelmutalab:** cell: 0912906666

Fedail Medical Center

Hospital Street

Khartoum

**Ophthalmologist**

**Mecca Eye Hospital**

Riyadh

Saturday thru Thursday from 9:00 a.m. - 2:00 p.m.

Evenings from 7:30 p.m. to 10:00 p.m. Closed on Friday.

**El Musharaf Eye Center:**

Dr. Abbas ElMusharah: cell: 0912398888

Khartoum

**Dr. Elfatih Omer Mahdi** cell: 09-22212131

Nile Hospital , Omdurman

**Opticians**

**Nour Optics**

Sahara Hotel block, off Gamhouria Street

Saturday thru Thursday 8:30 a.m. - 2:30 p.m.

and Evenings from 7:30 p.m. to 10:00 p.m. Closed Fridays.

**Orthopedics**

Dr. Kamal Akasha, Tel: 0912354219

Modern Medical Centre

Africa Road

**Surgeons:**

Dr. Ahmed Hassan EIFahal Tel: 0912346703

Hospital Street (nr. Modern Pharmacy)

Modern Medical Center ,Africa Road

**Neurosurgeons**

**Dr. Elfatih Bashir Elmalik** Tel: 09-12177777

2nd floor Sahiroon Hospital

**Neurologist**

**Dr.Fadil Tel: 09-12173326**

**Dentists:**

**Dr. Ahmed Bakri Osman, Tel: 83-473244**

St. 15, off airport road

Saturday thru Thursday 10:00 a.m. to 3:00 p.m. and

Evenings from 5:00 p.m. - 9:00 p.m. Appointments only on Fridays.

**Morsi Dental Centre**

Dr. Mohamed Morsi, Tel: 83-570543, fax 83-570546

Khartoum 2, (across from the Panda Restaurant) Appointments preferred.

**Anaesthphysiologist**

**Dr.NadirSaad Ryad Tel: 09-12300562**

Email address: [nadirryad@hotmail.com](mailto:nadirryad@hotmail.com)

**Veterinarians**

You can contact Dr. Salah by leaving a message in the

"Vet Box" at the German Club on

Street 1, off Africa Road.

**Dr. Ali: cell: 0912359057**

Burri Police Veterinary Hospital , Burri

Queries about rabid dogs should be directed to the School of Veterinarians,  
Pathology

Department, North Khartoum.

## **HIV/AIDS UPDATE**

It has been over 18 years since the discovery of the human immunodeficiency virus (HIV) as the cause of acquired immune deficiency syndrome (AIDS). Despite hope that a cure for AIDS would be developed or an effective vaccine found, the outlook of either of these developments in the near future appears unlikely. Recent interventions have been developed to decrease vertical transmission, and improve post exposure prophylaxis of exposed Health Care Workers. Prevention remains the primary focus for curbing this expanding epidemic and renewed effort must be made in this area.

Worldwide, there are an estimated fifteen million people infected with HIV and this number was predicted to have increased to forty million persons by the year 2000. Over one million people in the United States are now infected with HIV. The majority of people infected now - and those likely to be infected in the future - are young adults between the ages of 25 and 44. They are America's present and future workforce. In fact, 50 percent of our nation's 121 million workers are in this largest age group at risk. HIV/AIDS ranks as the third-leading cause of death among those 25 to 44 years old and sixth among people 15 to 24 years old. The Office of Medical Services Statistics indicate that the Foreign Services Population incidence parallels that of the nation.

It is well established that HIV is acquired from the transmission of infected body fluids from one individual to another by sexual contact, contaminated blood or blood products, contaminated needles or unsterilized instruments. Infants can acquire HIV from infected mothers during pregnancy, at birth, or through breast feeding. It is well documented that HIV is not transmitted by casual person-to-person contact at home, at work or socially. In particular, HIV is not transmitted through physical contact (such as hugging, cuddling or caressing) that does not give an entry to sexual secretions. It is not transmitted by giving blood, so long as sterile procedures are used. HIV has not been shown to be transmitted by mosquitoes or other insect bites.

Two different viruses are known to cause AIDS. Human immunodeficiency virus type I (HIV -1) has been recognized since the early 1980's as the predominant cause of AIDS in the US Human immunodeficiency virus type

2 (HIV-2) infection is epidemic in many countries in West Africa. Although a few documented cases have been reported in North and South America and Europe, HIV 2 has not become firmly in areas outside of Africa. The food and drug administration (FDA) does mandate the testing of blood supplies in the US for both HIV 1 and HIV 2.

AIDS is the late stage of infection with HIV. HIV causes AIDS by attacking, and destroying the body's immune defence system. When HIV infects a cell, it combines with that cell's genetic material and may lie inactive for up to 11 years, the viral load accelerated very rapidly after overwhelming the body's defences. Progressively severe infections and other conditions that characterize AIDS develop. Persons infected with HIV are both infected and infective for life. Even when the virus is inactive and persons look and feel healthy, they can transmit the virus to others.

Although a cure or vaccine has not been developed, many advancements in the past several years have been made in the treatment of early HIV infection to help prolong and improve the quality of life. Early diagnosis offers early intervention with antiviral drugs along with medicines to prevent or delay some of the aids related infections. Efforts to prevent vertical HIV transmission by women infected with the HIV were advanced when it was demonstrated that zidovudine administered to these women and to their infants significantly reduced the risk of HIV infection. The transmission rate dropped from 25.5 percent to 8.3 percent. A second advancement was revealed when synergistic, rather than additive, antiviral activity was demonstrated in vitro. The protease inhibitor, indinavir, has been chosen to be added to the two-drug combination of zidovudine and lamivudine when the exposure is especially hazardous and/or if the treating clinician suspects exposure to drug-resistant HIV. Post-exposure prophylaxis combination therapy should be initiated promptly, preferably within two hours post-exposure.

Particularly at risk from HIV infection are adolescents due to the combination of a tendency to experiment with sex and drugs coupled with a personal sense of invulnerability. This is a great concern. Even with preventative programs to educate adolescents about risk factors for HIV infection, they frequently fail to translate knowledge into action.

It is in a Foreign Service employee's best interest to know his or her serological status. This gives, if HIV positive, the opportunity for early

intervention in the natural history of this infectious disease with antiviral therapy and for counseling regarding behaviors and disease transmission. Routine screening for HIV 1 and HIV 2 is performed as part of the medical clearance examination on all persons over the age of 12. MED provides pre and post test counseling as well as medical and psychological support for those who test positive for HIV. The medical clearance process in MED ensures that those persons who test positive for HIV but show little loss of immune function may be cleared for posting to locations with proper medical support services. Confidentiality of test results and medical records is strictly adhered to by the Office of Medical Services.

### **Family Medical Kit**

All households should have a stock of commonly used non-prescription drugs and simple medical supplies. Suggestions for a family medical kit are listed below:

Health Need/Problem	Suggested Item
Athletes foot	antifungal powder/cream
Body temperature evaluation	*Oral thermometer
Constipation	Milk of Magnesia
Cough	Cough syrup e.g Robitussin DM
Cuts and scrapes	Topical antibiotic ointment (Bacitracin).
Band-aids,	sterile 4 x 4 pads, adhesive tape.
Diarrhea	Imodium AD (tablet or liquid)
Dry Skin	Skin Moisturizers (complex 15)
Eye Care	Liquid Tears (eye drops)
Fever	Tylenol/Aspirin (avoid aspirin in Children)
Insect protection	Repellants containing DEET
Itching skin from allergy, insect bites or minor skin irritation (sunburn, contact Dermatitis etc.)	0.5% Hydrocortisone Antihistamine tablets (Benadryl)
Nasal congestion due to colds, Allergies and dust	Pseudoephedrine and/or antihistamine e.g. Sudafed.
Skin disinfection, cleaning of minor cuts and scrapes	Hydrogen Peroxide, Betadine
Sore Throats	Throat Lozenges/spray

Strains/sprains Elastic bandage roll (ace wrap)

Advil, Mediprinprin, Nuprin

Sun protection Sun screen products (lotion, lip balm) with sun screen protection

factor (SPF) 15 or greater.

Yeast infections Monistat 7 suppository or cream

Vaporizer Cool mist type

\*Thermometers purchased in Sudan are frequently calibrated in Centigrade.

Below is a conversion table:

Fahrenheit 98.6 100 101 102 103 104 105

Centigrade: 37 37.8 38.3 38.9 39.4 40 40.6

### **Being Prepared for Avian Influenza**

This information is provided and specifically intended for use for official travel of U.S. government employees and their dependents participating in the U.S. Department of State Medical Program in conjunction with consultation with a health care provider. It is not designed nor intended as advice for individuals not covered by this program. Further, the information contained here is not intended and should not be construed as U.S. Department of State guidance to the general public. This information is provided through a special agreement between Shoreland, Inc., and the Office of Medical Services, U.S. Department of State:

### **What is bird flu?**

Avian influenza is a contagious disease caused by bird influenza viruses which normally infect poultry (domestic ducks, chickens, turkeys) and migratory waterfowl.

### **How contagious is bird flu?**

The current bird flu virus (called H5N1) is highly contagious among poultry and certain birds. It can also be passed from birds to humans, but not as easily as it spreads among birds.

### **Why should I be concerned about bird flu?**

If the virus adapts so that it can spread easily from person to person, it could cause a pandemic, resulting in:

- widespread disease outbreaks
- restrictions on the movement of people
- potentially large numbers of sick and dying
- business closures and transport systems disruptions

### **What are the symptoms of bird flu?**

- fever and chills
- cough
- runny nose
- sore throat
- muscle aches, headache
- severe pneumonia that develops suddenly
- sudden breathing problems

- other possible symptoms: eye inflammation, severe diarrhea, encephalitis (brain inflammation), seizures, or coma

### **What is the difference between flu and a cold?**

Flu symptoms are usually more severe than cold symptoms and can affect the whole body. Flu usually starts suddenly with high fever, chills, severe body aches, extreme tiredness, headache, and dry cough. A person with the flu is contagious for 24 hours before becoming sick and for 3-5 days after becoming sick.

### **What is the difference between flu and a cold?**

Colds are generally milder than flu and usually affect just the nose and throat. Colds begin slowly with a sore or scratchy throat, sneezing, and runny or stuffy nose; a mild cough develops a few days later. Fever is rare in adults and older children, and extreme tiredness is not a cold symptom.

### **How can I prevent bird flu?**

#### *Personal health practices*

- Hand washing is the single most effective way to prevent spread of infections.
- Wash your hands frequently with soap and water. Use waterless sanitizing gel if soap and water are unavailable.
- Wash your hands after sneezing, coughing, blowing your nose, or using any shared keyboards, phones, or tools.
- Wash your hands prior to touching your face, mouth, or nose, and before eating.
- Wash your hands after contact with any ill person.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Keep your distance – at least 3 feet – from people who are ill, coughing, or sneezing.

#### How can I prevent bird flu? (cont.)

- Drink plenty of fluids. Eat, rest, and exercise in moderation.
- Get a regular flu shot if available. This will not prevent bird flu, but it can decrease the chance of confusing regular seasonal flu with bird flu.
- In a pandemic, avoid crowds and public transport.

### ***Vaccines:***

There are no human bird flu vaccines available yet; some are in development.

### ***Antiviral medications:***

Prescription antiviral drugs can help prevent the disease if you have been exposed and can be used to treat bird flu, but supplies are very limited.

How can I prepare at home?

### **Supply your home with the following:**

- cough and congestion supplies: tissues, surgical masks, decongestants, cough suppressants, fever medication
- alcohol-based hand cleaners
- food and water to last for 10-15 days or more, as circumstances dictate

### **How can I prepare at home? (cont.)**

- flashlight and batteries
- reliable thermometer for humans
- clean water supply or home purification system
- sufficient cash (if banks, ATMs are unavailable)
- key documents and ID (passport, government issued IDs, health records, health insurance papers)
- medical supplies including prescription medicines
- pet food

How do I stay healthy at work during a pandemic?

- Wash hands frequently as noted earlier.
- Use disinfecting wipes to clean common surfaces (keyboards, phones, door handles) or use gloves.
- Stay at least 3 feet from people who are sneezing or coughing.
- Carry and use masks as directed by your doctor.
- Cancel non-essential and face-to-face meetings.
- Know *who* to contact and *how* (phone, email, hotline) if you have questions about whether you should come to work.
- High absentee rates are likely, so if you are well and able to work, you should contact your supervisor.

### **What if I become ill?**

- If you or a family member become ill with these symptoms:
  - sudden congestion or trouble breathing *AND*
  - fever higher than 100.4° F *AND*
  - cough *AND*
  - at least 1 of the following: sore throat, joint aches, muscles aches, or weakness

- *Contact your health care provider.* Before going to the clinic or hospital, describe your symptoms and any possible exposure to sick people or animals, or travel to bird flu-infected areas.

- *Notify your supervisor.*

- *Do NOT go to work* if you develop these symptoms.

- *Do NOT go to work* if you have been exposed within the past 3 days to someone with flu-like illness.

### **What if I become ill at work?**

- Call your supervisor (do not meet in person) and report your symptoms.

- Stay away from other people, staff, and visitors.

- Put on a mask if instructed to do so.

- Go home if so instructed.

- Call your health care provider.

### **When can I return to work?**

- If you have had a flu-like illness, you can usually return to work (after obtaining clearance from your health care provider and employer) if you:

- have fully recovered

OR

- are on effective antiviral medication

- If you were exposed to someone with flu-like illness, you may return to work after staying home for 3 days (after last exposure), if you have not gotten sick.

### **Precautions to take if you are in an area affected by bird flu:**

- Avoid contact with chickens, ducks, or other poultry and their waste.

- Children are at higher risk; teach them to avoid contact with birds.

- Do not handle wild birds – dead or alive.

- Do not adopt new birds.

- Do not transport birds, even if you think they are healthy.

### **If you unintentionally come into contact with birds in an affected area:**

- Wash your hands immediately with soap and water.

- Remove shoes outside the house and clean them well.

- Check your temperature at least daily for 7 days.

- Call your health care provider if temperature is over 99.5.

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### **Repatriation vs. sheltering in place – consider these issues:**

- Long flights home may pose a greater risk for immediate infection of travelers.

- Those who shelter in place may be at a greater risk for the consequences of civil disorder and commodity disruption brought on by a pandemic.
- Travel plans may be unexpectedly disrupted during a pandemic. Travelers may be detained for quarantine, either at connection points in foreign countries or at ports of entry into the U.S. Duration of quarantine may vary and may be prolonged.
- Once a pandemic begins, the U.S. may not be able to offer much more in the way of medical care or other services than many other countries in the world.

The State Department's Office of Medical Services has pertinent cables, including ALDACs and FAQs, as well as other Avian Influenza materials on the intranet at <http://med.state.gov/immunizations.htm>.

For more information on AI/PI via the internet, including the latest announcements, go to [www.pandemicflu.gov](http://www.pandemicflu.gov)

# MEDICAL EMERGENCY

Townhouse Road

Iraq Embassy

CID  
Headquarter  
And  
Police  
Academy

198

Townhouses

**IN EVENT OF AN MEDICAL EMERGENCY**

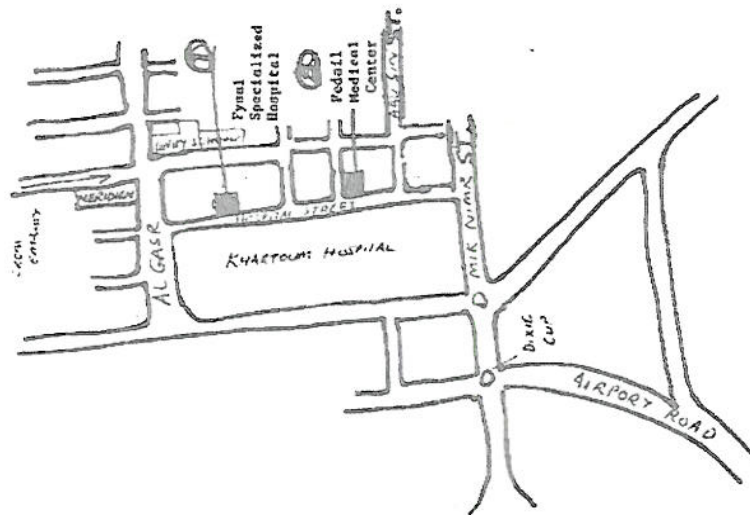
TAKE THE INDIVIDUAL TO SHAIROON

SPECIALIZED HOSPITAL AND NOTIFY FIONA AT

012305030 AND/OR POST ONE, AT **83-774705**

Sairoon Specializ  
Hospital

- 1 - FYSAI SPECIALIZED HOSPITAL
- 2 - FEDAIL MEDICAL CENTER



- 1 - DOCTOR'S CLINIC
- 2 - DR. ASMA ELSONY, ALAN WOODRUFF MEDICAL CENTER
- 3 - MCNIER PHARMACY

